

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Cecilia E. H...  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 NOV 25 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000001844

Name and Mailing Address

0000040 01 AV 0.278 \*\*AUTO T1 0 0615 33131-263330

HEALING TOUCH REHAB, LLC.

770 CLAUGHTON ISLAND DR.  
#2105

MIAMI FL 33131-2633

REINSTATEMENT



2. New Mailing Address

123 SW 17th Rd #104

City, State, Zip

Miami FL 33129

Principal Place of Business

770 CLAUGHTON ISLAND DR.  
#2105  
MIAMI FL 33131

3. New Principal Place of Business Address

123 SW 17th Rd #104

City, State, Zip

Miami FL 33129

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

01/25/2002

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

CAGGIANO, CECILIA  
770 CLAUGHTON ISLAND DR.  
#2105  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

900025025419  
11/25/03--01024--006 \*\*150-00  
FL

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Cecilia Caggiano*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-21-03

11. Names and Street Addresses of Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CECILIA, CAGGIANO	<del>770 CLAUGHTON ISLAND DR. # 2105</del> 123 SW 17th Rd. #104	<del>MIAMI FL 33131</del> Miami FL 33129

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

SIGNATURE REQUIRED

Date 11-21-03

Daytime Phone # 305-588-4210

Typed or printed name of signing Managing Member/Manager